

VOUCHER:

Agency:

Guardian:

Provider:

Child:	Status:
	Effective      Expiration      Total Allotment
	Number of Weeks:

Voucher Details

Effective	Expiration	# Weeks	Co-Pay	Rate	Amount

Signature:



Deputy Director, Bureau Child Development

Provider:

Date:

This voucher is subject to change or termination with written notice.

This voucher must be **signed, dated, and returned within five business days** of receipt and returned to the following address:

Marion County Child Care Main Office  
P.O. Box 6292  
Indianapolis, IN 46206-6292